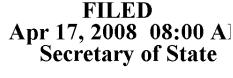
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # P01000030257** 1. Entity Name



LSL COR	PORATION			
Principal Place of Business Mailing Address  940 CENTRE CIRCLE P.O BOX 940877 SUITE 3006 MAITLAND FL 32794  ALTAMONTE SPRINGS FL 32714				
Principal Place of Business - No P.O. Box #     3. Mailing Address		•		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)
City & State		City & State		4. FEI Number 59-3716062 Applied For Not Applied be
Zıp	Country	Z:p	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent
TATICH, PHILIP 1151 N ORANGE AVE WINTER PARK FL 32789			Name	
			Street Address	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.				
SIGNATURE.	Signature, typed or primed hazer of registered agent a	nsitte Lampicacio (AGTE F	legistered Agent eignature requir	ureo when reinstruing) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Payable to Florida Department of	7.3 (1985) (1.3 (1985)		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND (	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD SCHIEFERDECKER, HOWARD	☐ De¹ete	TITLF NAME	Change Addition
STREET ADDRESS	1605 KING ARTHUR CIR		STREET ADDRESS	U00000902230 04/29/08-80101-007 150.00
CITY-ST-ZIP	MAITLAND FL 32751		CITY - ST- ZIF	04/29/08-80101-007 150.00
TITLE	VSTD	□ Dæele	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	LONGSTAFF, GREGORY 940 CENTRE CIRCLE SUITE 3006		NAME CODET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		STREET ADDRESS CITY-ST-ZIP	
ITTLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, GEORGE		NAME	
STREET ADDRESS CITY+ST-ZIP	2200 LUCIEN WAY, STE 350		STREET ADDRESS CITY-SI-ZIP	•
IIITE	MAITLAND FL 32751	Пан		☐ Change ☐ Addition
NAME		☐ Delete	TITLE NAME	Grange Accounts
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP			CITY - ST- ZIP	
TITLE		☐ Delete	TITLE	. Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP		<b>—</b> — — — — — — — — — — — — — — — — — —	CITY-S1-ZIP	D Observe T 4 days
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY+ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HOWARD SCHIEFENDECKEN